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|---|--|----------------|------------------------------|---------|----------------|--|--|----------------------|--|--|--|--|--|
| HUSBAND _____ William BAUM | | | | | | Husband _____ William BAUM | | | | | | | |
| Born _____ Place _____ | | | | | | Wife _____ | | | | | | | |
| Chr. _____ Place _____ | | | | | | Ward _____ | | 1. _____ | | NAME & ADDRESS OF PERSON SUBMITTING SHEET R. Raymond Green, M.D. 375 East 2nd North Heber, Utah 84032 | | | |
| Marr. _____ Place _____ | | | | | | Examiners: _____ | | 2. _____ | | | | | |
| Died _____ Place _____ | | | | | | Stake or Mission _____ | | | | | | | |
| Bur. _____ Place _____ | | | | | | | | | | | | | |
| HUSBAND'S FATHER _____ HUSBAND'S MOTHER _____ | | | | | | | | | | | | | |
| HUSBAND'S OTHER WIVES _____ | | | | | | | | | | | | | |
| WIFE _____ | | | | | | RELATION OF ABOVE TO HUSBAND _____ RELATION OF ABOVE TO WIFE _____ | | | | | | | |
| Born _____ Place _____ | | | | | | FOUR GENERATION SHEETS FOR FILING ONLY YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| Chr. _____ Place _____ | | | | | | DATE SUBMITTED TO GENEALOGICAL SOCIETY _____ | | | | | | | |
| Died _____ Place _____ | | | | | | | | | | | | | |
| Bur. _____ Place _____ | | | | | | | | | | | | | |
| WIFE'S FATHER _____ WIFE'S MOTHER _____ | | | | | | LDS ORDINANCE DATA | | | | | | | |
| WIFE'S OTHER HUSBANDS _____ | | | | | | BAPTIZED (Date) _____ | | ENDOWED (Date) _____ | | SEALED (Date and Temple) WIFE TO HUSBAND _____ | | | |
| | | | | | | HUSBAND _____ | | | | | | | |
| | | | | | | WIFE _____ | | | | SEALED (Date and Temple) CHILDREN TO PARENTS _____ | | | |
| SEX CHILDREN WHEN BORN WHERE BORN DATE OF FIRST MARRIAGE DAY WHEN DIED YEAR | | | | | | | | | | | | | |
| M | List each child (whether living or dead) in order of birth | DAY MONTH YEAR | TOWN COUNTY STATE OR COUNTRY | TO WHOM | DAY MONTH YEAR | | | | | | | | |
| F | Given Names SURNAME | | | | | | | | | | | | |
| 1 | Phil BAUM | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| SOURCES OF INFORMATION | | | | | | OTHER MARRIAGES | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | NECESSARY EXPLANATIONS | | | | | | | |
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